



## **Student Eligibility and Consent Form**

## This form <u>must</u> be submitted prior to initial registration

Student's Name:	National User ID (NUID)#:
	Phone Number:
Last 4 digits of SSN#:	
Kaiser Facility:	Kaiser Region:
status, grades, and academic progre provisions of the Family Educationa in the Contract Education Programs	e release of my educational records, including but not limited to enrollment ss, to the Ben Hudnall Memorial Trust or Troy University designee under the Rights and Privacy Act of 1974 for the period of time while I am participating at Troy University. Those organizations and agencies to which my information from using it for any unauthorized purpose or from subsequently releasing it t
the refund deadline. I will then be p	nancial obligation is incurred on my student account if I remain in courses afte ersonally responsible for any outstanding financial obligation due to Troy rial Trust does not authorize or submit final payment on my behalf.
(Initial) I understand that I am responsible for establishing an Academic Plan with Troy University before the beginning of my 2nd term to remain eligible for the Troy University Degree Completion Program.	
(Initial) Lunderstand that to r	emain eligible for BHMT funding, I must meet with a BHMT Representative at
least one time each term.	
Signature of Student	Date
The information below is to be con	pleted and signed by a Ben Hudnall Memorial Trust (BHMT) Representative.
I	certify that the above named
(Typed or Printed name of Ben Hud	
student has made contact with me a University.	and is authorized to be a part of the Degree Completion Program at Troy
Signature of BHMT Representative	Date
Email Address	Phone Number

Completed form is to be sent via e mail to Connor Couch at Troy University.

<a href="mailto:ccouch@troy.edu">ccouch@troy.edu</a> (334) 808-6473

Troy, Alabama 36082

https://www.troy.edu